PRESCRIPTION SAFETY EYEWEAR PROCEDURES

Dear Employee,

1. Ensure your name, employee ID, PO# and authorized signatures are completed on the Order Form.
2. You must provide a current eye prescription (within last 12 months) to the Provider at the time of the order. **Employees will be responsible for the cost of an eye exam, if one is needed.** *Review your HMO Vision Benefit or VSP Vision Benefit Plans for discounts or co-pay details for eye exams. Got questions about vision benefits? Contact the HR Benefits Office 513-1932.
3. If you do not want to use your own eye care provider, please call one of the providers listed below to schedule an eye exam.
4. Take the Order Form and your prescription to one of the providers listed below.
5. Pick out frames and associated options. Dispenser will fill out the remainder of the order form and send it to Hi-Tech Optical. **Any employee paid amounts must be paid through payroll deduction with authorization obtained at the time of order.**
6. Once Hi-Tech has manufactured your glasses, they will send them back to the provider. Your supervisor will be notified when your order is ready for a professional fitting and pick up.

Provider Information:

Somers Eye Center
Health Services Pavilion
(Next to NKC Hospital)
2790 Clay Edwards Drive,
Ste 1240
North Kansas City, MO 64116
(816) 842-2015

Office Hours:
Monday: 8:00am-5:30pm
Tuesday: 8:00am-5:00pm
Wed: 8:00am-5:30pm
Thursday: 8:00am-5:00pm
Friday: 8:00am-2:00pm
Sat. and Sun: Closed

Insight-Crossroads
1518 Walnut St.
Kansas City, MO 64108
(816) 474-1916

Office Hours:
Mon: 8am-5pm Tues:
8am-6pm Wed:
8am-5pm Thurs:
8am-5pm Fri: 8am-3pm
Sat and Sun: Closed

Sabates Eye Center
5811 N.W. Barry Road
Kansas City, MO 64154
(913) 261-2020

Office Hours:
Mon-Fri: 8am-5pm
Sat. and Sun: Closed

Any questions please call Customer Service at
Hi-Tech Optical: 1-800-638-1171 or
Fax: 1-800-806-1663.

This Program includes:

- Plastic or Polycarbonate Lens Material (Clear)
- Single Vision
- Bifocals D-28
- Trifocals 7x28
- Progressive (Hi-Tech Choice)
- Any Prescription Power
- Any Prism
- Any Multifocal Prescription Add Power
- UV Protection & CR Coatings
- Select Frames
- Permanent or Integrated Side Shields
- Eyeglass Case
- Shipping (First Class Mail)

(Please see order form for complete list of available options.)

The City of Kansas City, MO will provide the Basic Hi-Tech Safety Eyewear Program at no cost to the employee. An employee can only choose from the options that are listed on the order form. Additional selections chosen beyond the basic program price will be the financial responsibility of the employee and will be payroll deducted.

Provider/Dispenser Employee:

We ask your cooperation in completely filling out this employee's prescription form including pupillary distance, multifocal style, height, color of lenses, and all frame information.

There was previously a shipment made to your company of sample frames which are included in this safety eyewear program. Please call Hi-Tech customer support if you have any questions.

The City of Kansas City, MO will provide the Basic Hi-Tech Package of lenses and frames at no cost to the employee. An employee can only choose from the options that are listed on the order form.

After you have finished your examination and filled out the prescription form completely, please return the form by fax or email. When you receive the glasses back, please call the supervisor listed on the bottom left of the order form so he can instruct the employee to come to your office and have the glasses professionally fitted. Thank you.

**** The cost of eye exams are not covered under this program and will be the financial responsibility of the patient/employee.****

Any questions please call Customer Service at
Hi-Tech Optical: 1-800-638-1171 or
Fax: 1-800-806-1663.

Hi-Tech Optical

3139 Christy Way South
Saginaw, MI. 48603 Phone 800-638-1171
FAX:800-806-1663 EMAIL:Orders@Hi-TechOptical.com

PO# DEP80-8000020257

Employee Fill-Peach
Authorized Signer Fill-Yellow
Provider Fill-Green

Order Date I-E

Bill To: 2961 KCMO PL-700 CPL-701	**Patient Information**	**Ship To:** Provider # D
City of Kansas City, MO	Employee Name:	
Diane Ramey, 816-513-4846	(Please Print)	
Diane.Ramey@kcmo.org	Employee ID#	
1800 Prospect Ave	Department: Division:	
Kansas City, MO 64127-3139		

Dispenser: To complete the Prescription Safety Glasses order form, please circle one or more items in each section below.

Section 1 - Lens Material (Circle one material)

Glass	Basic Impact Only-3.0 mm	03		$ 5.00
Plastic	Basic Impact Only-3.0 mm	00 - 21		Included
Polycarbonate	High Impact - 2.0 mm	1		Included
Trivex	High Impact - 2.0 mm	24	**Preferred Material**	$ 35.00

Duty to Warn: Polycarbonate and Trivex are the most impact resistant material & recommended for all safety glasses.

Section 2 - Lens Style (Circle one style)

Single Vision			Glass,Plastic,Poly,Trivex	Included
Bifocals	*D28*		Glass,Plastic,Poly,Trivex	Included
Trifocals	*7X28*		Glass, Plastic, Poly	Included
Occupational (Double Segment)			Glass, Plastic	$ 76.00
Quadrafocal			Glass	$ 124.00
Computer Lens (Sola Access)			Plastic, Poly	$ 69.50
Progressive-Outlook,Freedom		Min.Seg.Ht-18	Glass,Plastic,Poly,Trivex	Included
Progressive- Natural		Min.Seg.Ht-18	Plastic, Poly	$ 25.00
Progressive- Novella		Min.Seg.Ht-14	Plastic, Poly	$ 45.00
Progressive- Accolade		Min.Seg.Ht-14	Plastic,Poly,Trivex	$ 60.00
Progressive- Comfort		Min.Seg.Ht-18	Plastic, Poly	$ 60.00
Progressive- Physio		Min.Seg.Ht-17	Plastic,Poly,Trivex	$ 130.00

Section 3 - Lens Options (Circle option)

Multi-Focal Wider than Standard	D35, 7X35, 8X35	Included
Specialty Lens (Slab-Off, Myodisc, etc.)		$ 125.00

ALL TRANSITIONS ARE PROHIBITED UNLESS AUTHORIZED BY Supervisor!
Authorized Signature_____
Print Name_____

Transitions (Not available in Glass) $ 40.00

ALL POLARIZATION IS PROHIBITED UNLESS AUTHORIZED BY Supervisor!
Authorized Signature_____
Print Name_____

Polarized $ 40.00

Section 4 - Lens Tints (Circle all required)

ALL TINTS ARE PROHIBITED UNLESS AUTHORIZED BY Supervisor!
Authorized Signature_____
Print Name_____

Tints - Color: Rose Green Gray Solid - Gradient Level 1 2 3 $ 3.00

Tints are not applicable and not available on glass materials 1000, 1001

Section 5 - Lens Coatings (Circle all required)

Scratch Coat Both Sides	CR-39 Plastic Only	1004	Included
HTO Premium Scratch Coat (DHC)		1103	$ 25.00
HTO Ultra Scratch Coat (DHC2)		1104	$ 30.00
HTO Anti-Reflective Coating		4101	$ 35.00
HTO Premium Anti-Reflective		4102	$ 65.00
HTO Super Anti-Reflective		4103	$ 65.00
Ultra-Violet Filter		1005	Included
Anti-Fog	(Plastic and Poly)	ANTI FOG	$ 35.00

Section 6 - Frames (Circle Frame Style)

Group 1		F9800	F9900				Included
Group 2		Eagle	F6000	A2000			Included
Group 3					ZT100		Included
Group 4			650	Alpha	Beta	Gamma	Included
	DX670	D490	ZT200	V1000		ZT25	
Group 5	DP720		DP820				Included
	Classic 1			ZT35			
Group 6		Steel 300	Steel 400		Maxim Air Seal Rx		Included
Group 7	Hog	Urban 6		Urban 8	Rebel	TRX	$ 1.00
Group 8	Attitude 3	Attitude 4					$ 15.00

Must select from the frames listed above. No others are allowed on this contact.

Eye Size	Bridge Size	Frame Color

Section 7 - Frame Options (Circle option requested)

Permanent Side Shields	Must have one of these two styles of Side Shields	61-69	Included
Integrated Side Shields		-	Included
Soft Eyeglasses Case		5003	Included
Dispensing Fee		2035	Included
Shipping Fee		2060	Included

Progressive Lens (Non-Adapt) or Doctor Error Warranty: No Refunds. Hi-Tech Optical will remake the glasses in Single Vision, Bi-Focal or Tri-Focal at no charge or upgrade a progressive at employee cost (one time only) if notified within 60 days.

The employee is responsible for any amount in the self pay columns. This amount will be payroll deducted. $

EMPLOYEE GRAND TOTAL (For All Sections.)

RX Prescription Information

	Sphere	Cylinder	Axis	Prism	Base	Seg. Height for ALL multifocals: Add	Seg Height	Must have PD: Distance PD	Near PD	Vertex Distance	Pantoscopic Tilt	Wrap Angle
Right OD												
Left OS												

Special Instructions:

Readers [ ]

Lenses Only [ ]

Frame Only [ ]

RX Provider Signature:

RX Provider Phone:

RX Date:

RX Expiration:

Supervisor Authorization

Signature **Date**

Print Name **Phone**

Employee Amount Payroll Deduction Authorization

Signature **Date**